



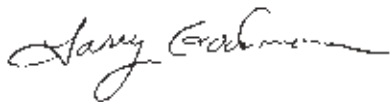
How can we improve
quality and be the safest
hospital possible?

Rush continually asks itself, "How can we improve quality and be the safest hospital possible? What can we do as individuals, teams and leaders of the Medical Center to ensure quality and safety?" This year, Rush was recognized for its efforts to improve quality and for its ability to find workable solutions to those questions. And for the fourth year in a row, Rush was ranked among the top-performing hospitals in the country by the University HealthSystem Consortium (UHC) and is one of only two academic medical centers to be in the top ten each year of the study. But what does that mean? What does it mean to be a safer hospital? A quality hospital?

According to UHC, it means:

- Effective diagnosis and treatment
- A patient-centered approach
- Reduced infections and mortality
- Intense focus on patient safety
- Equity regardless of socioeconomic status, gender or race

Every Rush employee plays a role in Rush's ability to be successful in these areas, and we continued to put programs in place last year to help us consistently improve and reach our quality goals. These programs represent just a few examples of the effort underway at Rush to be the highest-quality hospital in the nation.



Larry Goodman, MD
President and CEO



Richard M. Jaffee
Chairman, Board of Trustees



A new department working to reduce infections,
prevent complications and set new standards for quality



Susan Huerta, MS, RN



Raj Behal, MD, MPH



Marcia Hargreaves, MS



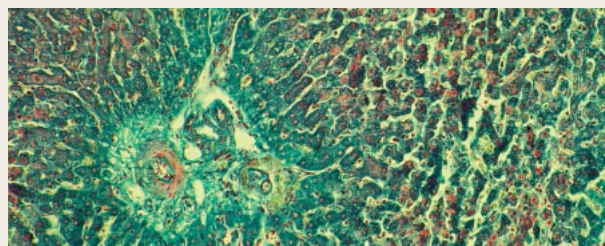
David Ansell, MD, MPH



Marcia Hargreaves, MS

Patients place extraordinary trust in their caregivers. They deserve the highest-quality treatment, free from errors and preventable complications. With patients foremost in mind, Rush has put systems in place to reduce the risk of infections, limit complications, ensure prompt diagnoses and treatment, and train caregivers to collaborate more effectively. These initiatives transcend standard hospital practice and have earned Rush recognition from the UHC as a top-performing hospital four years running.

Last year Rush took its efforts a step further by creating the Department of Patient Safety and Clinical Effectiveness, the singular focus of which is making sure Rush provides the safest, most effective care available anywhere.



Under the leadership of David Ansell, MD, MPH, chief medical officer, the department is staffed by Raj Behal, MD, MPH (RMC 1995), senior patient safety officer and associate chief medical officer; Susan Huerta, MS, RN, associate vice president of patient safety; and Marcia Hargreaves, MS, director of quality improvement. Together, these experts analyze patient data to identify opportunities for quality improvement across clinical programs and then give physician patient safety officers, nursing leaders and clinical pharmacists throughout Rush the training and resources to implement best practices.

It's a system based on shared accountability, measured outcomes and a firm belief that Rush is leading a new standard for care that is safer and more effective than ever before.

The Foglia Family Foundation has given Rush \$1 million to support research into the prevention of hospital-acquired infections. The work by Robert Weinstein, MD, professor of medicine, has the promise to reduce the risk and impact of infection on Rush's patients.

The UHC estimates that if an average-performing hospital made the improvements necessary to become a top-performing hospital like Rush, it would save more than 135 lives each year. Through continuous improvements in areas like medication safety, caregiver communication and hospital-acquired infections, Rush plans to further improve on its already outstanding record of observed-to-expected mortality.

A new approach to reducing medical errors



Xavier Pombar, DO



Robin L. Jones, MD



Marcia Patterson, RN, MSN



Robin L. Jones, MD

In the operating room, one mistake can mean the difference between success and failure. In the air, one misunderstanding can mean the difference between smooth flying and disaster. While the aviation and health care industries have vast differences, they have at least one similarity — the need for clear, effective communication.

Health care training typically focuses on technical skills, but evaluation of medical errors often identifies communication failures as the root cause of adverse effects. Rush has engaged LifeWings Partners LLC, a company that trains medical workers in communication techniques used in the aviation industry, to identify and eliminate potentially life-threatening communication

breakdowns. The program, called crew resource management, aims to improve performance in high-risk clinical situations where care standards and team communication are critical to patient safety and positive outcomes.

Rush began testing the program in Women's Health Services with a multidisciplinary team composed of Robin Jones, MD, and Xavier Pombar, DO, assistant professors of obstetrics and gynecology, and Marcia Patterson, RN, MSN, unit director in labor and delivery. The program will eventually be incorporated into intensive care units, operating rooms and the Emergency Department — all places where clearer caregiver communication translates to quicker, safer, more accurate responses for patients in distress.



LifeWings training includes the use of structured checklists and situational awareness at the beginning and end of shifts and hinges on the idea that it is the obligation of every team member to speak up when anything is out of the ordinary or falls outside of the standard procedure.

Out of the LifeWings training process have come a number of improvements focused on standardizing communication and increasing collaboration. New procedures like the OB Huddle, a twice-daily meeting of interdisciplinary caregivers, and the OBdocCOMM system, a standardized text paging system designed to prioritize and provide a framework for reasonable response times, have already made an impact on patient safety and team communication.

A program that empowers nurses
to play a new role at the patient
bedside

Frank Hicks, PhD, RN

Jasmine Saunders



Melanie Dreher, PhD, RN, FAAN

Taranee Wangsatorntanakhun

Brett Tracy



Taranee Wangsatorntanakun

Brett Tracy

Improving quality and safety in patient care is a contemporary challenge for the entire spectrum of caregivers. Rush University College of Nursing has addressed this challenge head on, enhancing its nationally renowned education to provide the leadership skills nurses will need to care for patients while actively protecting their safety.

Last year the college made the bold decision to transition entirely from bachelor's degree programs to postgraduate education and introduced the Advanced Generalist Master's program. Focused on improving quality and safety in complex health care environments, the program is designed to prepare students to succeed as health care leaders and caregivers.

The future of nursing is marked by an expanded skill set that focuses not only on clinical proficiency, but also on collaborating with other caregivers, monitoring safety measures, and collecting and interpreting data that will improve clinical outcomes. Safe and effective patient care requires the organization and coordination of a team of providers, so the program teaches students the leadership skills and strategies to be creative problem solvers, excellent observers and effective communicators.

The expectation is that graduates of this program will bring an enhanced skill level directly to the patient bedside, where they will play a pivotal role as patient advocates on the clinical team — a role critical for patient safety at the point of care.



Last year nursing alumna **Dorothy Seyfang Menker** and her husband, **Egon**, established the Dorothy Seyfang Menker Endowed Scholarship for Nursing. Gifts like theirs enable Rush to attract and educate the most promising future caregivers and nursing leaders, regardless of students' ability to pay.

Most nursing schools reserve courses in leadership and professionalization for the last term of the program once students have learned basic patient care skills. Students in Rush's Advanced Generalist Master's program incorporate leadership and evidence-based practice into all their clinical practice courses — giving them a broad perspective on nursing practice from the very beginning.

A high-tech, all-in-one
operating suite designed for
flexibility and collaboration
in an emergency

Clifford J. Kavinsky, MD, PhD

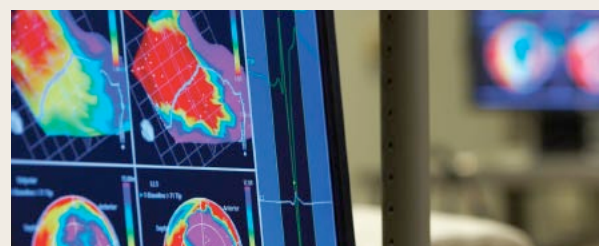


Ziyad M. Hijazi, MD, MPH



New nonsurgical procedures are bringing safer treatment to cardiac patients whose age, condition or past procedures have made open heart surgery far too risky. But what happens if an unforeseeable complication during a nonsurgical procedure suddenly makes surgery an urgent necessity?

Built in 2008, Rush's state-of-the art hybrid cardiac suite combines thoughtful collaboration with advanced imaging to prepare physicians and surgeons to safely respond to any contingency. The only facility of its kind in Chicago and one of only three in the nation, the suite is equipped with bi-plane fluoroscopic x-ray and intravascular ultrasound. This technology increases the accuracy of diagnoses and the safety of nonsurgical treatments with continuous, real-time images of patients' cardiovascular systems from multiple angles.



In this high-tech suite Ziyad M. Hijazi, MD, MPH, director of the new Rush Center for Congenital and Structural Heart Disease, and skilled colleagues like Clifford J. Kavinsky, MD, PhD (RMC 1986), and Zahid Amin, MD, use a thin catheter to open narrowing vessels or repair a hole in a beating heart without cutting into the patient's chest cavity. Patients recover faster, go home earlier and experience fewer complications.

If complications arise, the suite is equipped to convert immediately into a cardiac operating room for traditional open heart surgery. During every procedure, a surgical team is on standby, flexibility that minimizes risk, speeds response and brings the right kind of care directly to the patient.

A portion of a \$20 million gift to Rush's new hospital from Judy and Marvin Herb, Jon Herb, and Wendy and Tom Herb will establish a new cardiac catheterization lab in honor of Kavinsky's work. The lab will facilitate even more of the advanced interventional procedures and highly accurate diagnoses that are making Rush a destination for quality heart care.

Rush's investment in the advanced imaging technologies that make these innovative procedures possible is due in part to a transformational gift from John and Mary Jo Boler, who have given \$20 million to Rush's campaign. In addition, a \$10 million commitment from the Woman's Board of Rush University Medical Center will strengthen the fight against heart disease through establishment of the Woman's Board Heart & Vascular Center.

Ziyad M. Hijazi, MD, MPH

The Rush Stroke Center

A team of experts available 24/7 to offer prompt diagnosis and treatment for stroke emergencies

Richard Temes, MD, MS



Vivien Lee, MD



Shyam Prabhakaran, MD, MS



Michael Chen, MD



Sayona John, MD



Michael Chen, MD

Stroke is the leading cause of disability in the U.S. and the third leading cause of death, behind heart disease and cancer. The window of opportunity to appropriately treat a stroke victim is open for a very short time, so immediate evaluation and treatment is critical to preventing disability or even death.

To improve outcomes for stroke patients, physicians in the Rush Stroke Center, recently awarded the Silver Performance Achievement Award by the American Stroke Association, have designed a comprehensive system for prompt diagnosis and treatment for both inpatients and outpatients. For any acute stroke at Rush, an on-call member of the stroke team mobilizes at the patient's bedside within 15

minutes to assess and treat a stroke — because immediate response and treatment initiation may reduce or avert the ravaging effects of stroke. In a race against time, the team has effectively designed a program that's winning.

Rush also assembled the Rapid Neuro Response Team, a group of neurologists and neurosurgeons to offer around-the-clock consultations, seamless transfers and advanced treatment options for patients presenting to other hospitals with acute neurologic emergencies such as stroke. Since its inception in November 2007, more than 700 patients have been transferred from Chicago-area hospitals to Rush for comprehensive neurologic care.



More than 800 inpatients with stroke and other cerebrovascular disorders are treated each year at Rush by a multidisciplinary team that includes stroke neurologists, neuro-endovascular specialists, neuro-intensivists, cerebrovascular neurosurgeons, neuro-radiologists, stroke-trained nurses, rehabilitation services and physical therapists. As an academic medical center, Rush is equipped with the most advanced, comprehensive diagnostic tools and brings together collaborative teams like this one to provide the highest level of care for patients.

Last year the Joint Commission for primary stroke centers gave Rush its "Gold Seal of Approval," which recognizes Rush's efforts to foster outstanding outcomes for stroke patients.



A multidisciplinary approach to redefine the cancer patient experience



*Members of the
Comprehensive
Cancer Team*



Members of the
Comprehensive
Cancer Team

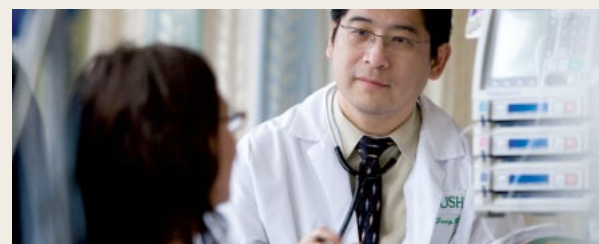


A complex disease requires a complex response. The Coleman Foundation Comprehensive Cancer Clinics at Rush take a patient-centered approach to cancer care. Whereas many hospitals require patients to seek out multiple caregivers working independently in disparate facilities, Rush's outpatient cancer clinics bring patients, families, case managers and a multidisciplinary team of caregivers together in one location to plan the course of treatment collectively.

Each patient receives a prompt diagnosis verified by multiple experts who closely evaluate whether the planned treatments will safely complement each other. This expert collaboration ensures patients receive the right combination of treatments in the right doses at the right times, which makes for care that is

highly coordinated and, most important, highly effective.

Just last year, Rush opened two new comprehensive clinics: prostate cancer and gastrointestinal cancers, both based on the model Rush helped to pioneer. Rush became home to the Midwest's first comprehensive breast center in 1985 and has since opened six other comprehensive cancer clinics. In addition to prostate and gastrointestinal cancers, these clinics specialize in head and neck cancer, chest tumor, pigmented lesion and multiple myeloma. Each clinic is organized around what Rush's caregivers have always known: that patient-centered collaboration produces faster, more accurate diagnoses, less stress and better outcomes for patients.



A challenge grant from The Coleman Foundation will support the development of a new outpatient cancer center, which will be home to Rush's comprehensive cancer clinics, among other kinds of outpatient cancer care. The Coleman Foundation will match every dollar raised for the new cancer center, up to a \$5 million maximum.

From the beginning of treatment, patients of the comprehensive clinics work closely with a team of caregivers who each brings special expertise to the table. With the patient and family, caregivers who specialize in surgery, radiation, imaging and the latest therapies develop a targeted combination of treatments to meet the unique needs of each individual patient.

An innovative artificial intelligence program designed to detect infectious agents and help caregivers protect our community

Julio Silva, MD



Gillian S. Gibbs, MPH

Dino Rumoro, DO



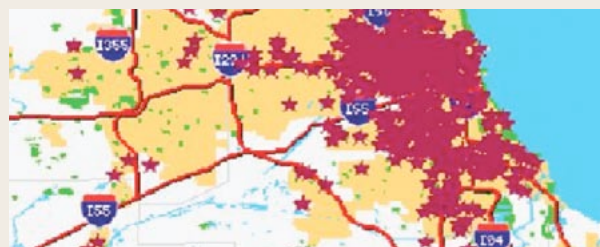
Gillian S. Gibbs, MPH

The heat wave of 1995 led to more than 700 deaths in Chicago, deaths that may have been prevented with more immediate response and adequate preparation. This is what got Julio Silva, MD, associate vice president and chief medical information officer, and Dino Rumoro, DO, acting chairperson in the Department of Emergency Medicine, thinking about how to analyze public health data to more quickly identify and intervene in the case of an outbreak or bioterrorism attack.

A grant from the U.S. Department of Defense led Silva and Rumoro to design a syndrome surveillance system to monitor bioterrorism agents and diseases that pose the largest threat to national security. The first system of its kind in Chicago, GUARDIAN (Geographic

Utilization of Artificial Intelligence in Real-Time for Disease Identification and Notification for Biological Threat Agents) is programmed to detect the spread of biological and infectious agents by analyzing symptoms as patients enter the Emergency Department.

More traditional trend analysis systems look at data collected and analyzed in a batch and sent to a lab — sometimes up to two weeks after the patient is seen. GUARDIAN analyzes the data in real time, meaning that test results are entered into the system and analyzed immediately. Using this technology, the system could potentially identify an outbreak of influenza or even an Anthrax attack weeks in advance of traditional systems — valuable time in an emergency when even seconds matter.



Funded in part by a generous gift from the McCormick Foundation, Rush's new hospital will feature the McCormick Foundation Center for Advanced Emergency Response, a new Emergency Department where highly advanced decontamination and surge capabilities will facilitate decisive response to large-scale epidemics and both natural and man-made disasters.

GUARDIAN sends alerts to physicians' pagers notifying them of possible or confirmed cases of bioterrorism agents like Anthrax, smallpox or plague the minute they're identified. The system is also able to map where those cases have appeared in the city — two powerful pieces of information that could help physicians contain the outbreak almost as quickly as it began.

A team charged with designing a patient-centered hospital from a caregiver's perspective



*Members of the Office
of Transformation*



*Members of the Office
of Transformation*



Rush's campus transformation is an opportunity to construct facilities that place patients and their family in the center of the design, reduce medical errors via standardization, create new space for caregiver collaboration, minimize safety risks and enhance the overall quality of care. To that end, Rush has created an office where a carefully selected team of clinicians and health care professionals are charged with answering one question: If you were to design the safest, most technologically advanced, patient-centered, environmentally responsible hospital in the nation, how would you do it?

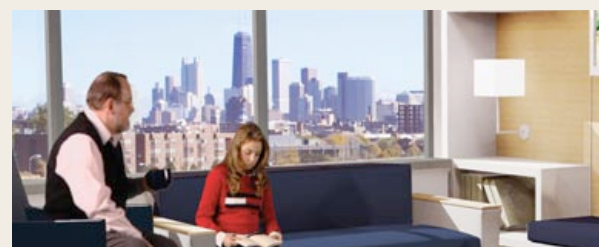
Led by Mick Zdeblick, vice president of campus transformation, Rush's Office of Transformation has coordinated the input and

considerations of hundreds of caregivers, staff and patients who participated in more than 48 different user groups and task forces. These groups' extensive input marks every aspect of the plans for a hospital that is entirely focused on safety, quality outcomes, and an optimal experience for patients and families.

Hospital construction is under way and on schedule for its planned opening in 2012. Last year the state of Illinois approved Rush's request for a certificate of need to build the new 14-story hospital building, and the city of Chicago granted Rush \$75 million in tax increment financing, a strong show of faith that this hospital will add great value to the city and the entire region as a center for the highest quality health care.



Rush saw exciting progress last year not only on the campus transformation, but also on the campaign to support it. At the end of the fiscal year, June 30, 2008, Rush had received more than 25,000 gifts totaling more than \$230 million toward the \$300 million Campaign for Rush University Medical Center.



Beyond maximizing the comfort of patients and their families, building materials from flooring to textiles were selected with infection control and environmental sustainability in mind. As the city's first "green" full-service hospital, Rush will contribute to a healthy environment on the West Side.



Financial Report

The current economic conditions challenging the United States and the world have impacted virtually every organization, institution and individual. Rush University Medical Center has been impacted like everyone else, but because of the strength of our mission, our programs, our people and the community, Rush generated an excess of revenue over expenses of \$64 million in FY2008. Mission-based activities generated \$60.2 million in operating income, and investment income, unrestricted giving and other non-operating sources contributed \$3.8 million of this total. As Rush is a not-for-profit organization, this surplus is reinvested into programs and capital to continue our mission to provide the very best care for the diverse communities we serve. Rush's continuing strength in financial performance is essential to supporting our mission and our vision for the future led by investments in our campus transformation project.

Patient care continues to be the central focus of Rush's mission. Our investments in clinical programs and our quality of care continue to attract patients to Rush from across the Chicago metropolitan area, the country and the world. This was demonstrated by a 5.3 percent increase in net patient revenue when adjusted for changes in the Illinois Hospital Assessment Program. Rush's research and education programs continue to be critical components of the mission and an integral part of how we plan to achieve our vision to be the medical center of choice in Chicago and among the best in the country. Research revenue grew by 10.4 percent in fiscal year 2008, and tuition revenue increased by 7.9 percent because of tuition and enrollment increases.

The community continues to demonstrate its support of Rush and our mission through its financial contributions. In FY2008, \$40.1 million in philanthropic support was received to support Rush's research and education programs, increase our endowment and support our campus transformation project. Past giving continues to support Rush programs through the endowment that provided \$16.8 million in program support. Despite challenges in the investment markets, the endowment performed well given its underlying investments and returned -5.2 percent in FY2008 ending the year at \$409.5 million in market value.

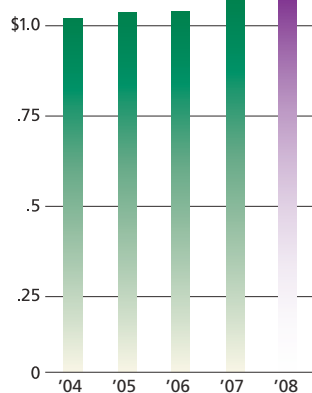
Rush also provides support back to its community. As economic conditions worsen, more patients have been identified as being in need of financial assistance and have taken advantage of Rush's financial assistance policies. Rush further extended the reach of our patient care program in FY2008 by developing a transfer program for stroke patients who need of a level of care provided by Rush that cannot be provided in some community hospitals. In FY2008, Rush's charity care expenditures increased 85 percent, and total support to uncompensated care, including costs for care provided in excess of payment, increased to \$113.1 million. In addition to our patient care mission, Rush financially supports the education of the next generation of doctors, nurses and allied health professionals and provides resources to the cost of research that exceed external funding. In total, Rush provided \$172.2 million in financial support of the community in FY2008.

Rush's financial performance allows our campus transformation to continue as planned. With \$128.3 million spent through FY2008 on this \$1 billion project spanning 10 years, the project moved into active construction of a new parking facility, power plant and physician office building to house Rush's nationally recognized orthopedics program. While critical sources of support such as \$75 million of tax increment financing from the city of Chicago and continuing success of our philanthropic campaign have been secured, access to and cost of debt have been challenged by global conditions in the credit markets. This means that it is more important than ever that Rush continues to demonstrate financial performance at a level required to fund our plan and service the increased cost of debt, and this was achieved and exceeded in FY2008. By sustaining and improving financial performance even in the increasing challenge of economic conditions, Rush will continue to be able to execute our plans and remain a resource for outstanding patient care, health care education and research and a strong partner and employer of the community.

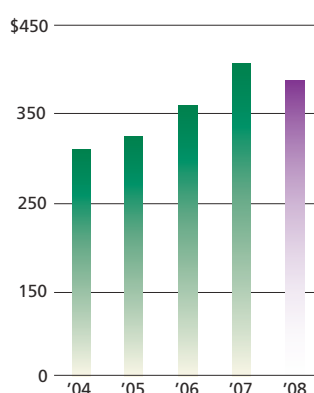
Catherine A. Jacobson

Catherine A. Jacobson
Senior Vice President, Strategic Planning and Finance;
Chief Financial Officer and Treasurer

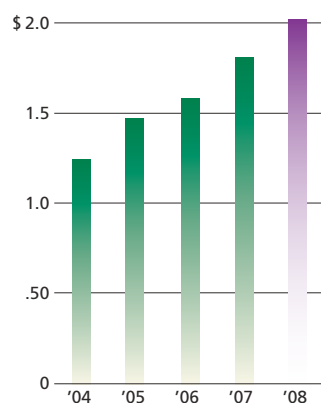
**TOTAL REVENUE INCLUDING
NONOPERATING (\$ IN BILLIONS)**



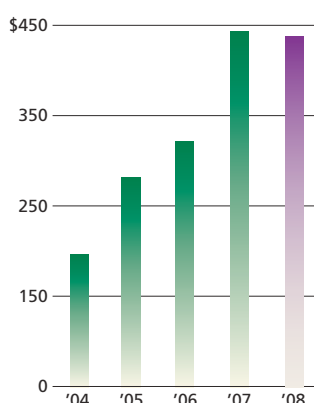
**TOTAL ENDOWMENT
(\$ IN MILLIONS)**



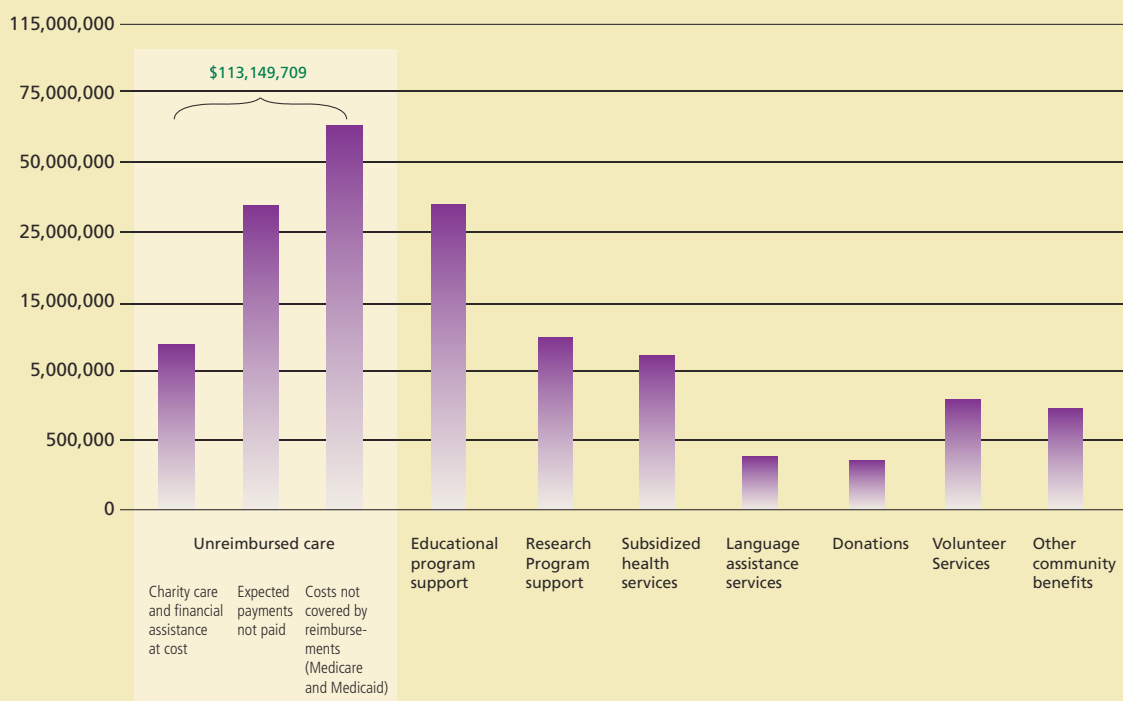
**TOTAL ASSETS
(\$ IN BILLIONS)**



**TOTAL CASH AND MARKETABLE
SECURITIES (\$ IN THOUSANDS)**



TOTAL COMMUNITY BENEFITS AND SERVICES FOR 2008 — \$172,234,444 (in millions)



Vital Statistics

RUSH IN BRIEF

Date founded	1837
Medical staff	969
Professional nursing staff	1,100
Residents and fellows	655
Employees	8,141

STAFFED BEDS

Rush University Medical Center	623
Johnston R. Bowman Health Center	58
Rush Oak Park Hospital	128

BIRTHS

Rush University Medical Center	2,245
Rush Oak Park Hospital	N/A

ADMISSIONS

Rush University Medical Center	30,794
Rush Oak Park Hospital	4,261

AVERAGE LENGTH OF STAY (DAYS)

Rush University Medical Center	5.48
Rush Oak Park Hospital	6.72

PATIENT DAYS

Rush University Medical Center	168,688
Rush Oak Park Hospital	28,630

OPERATIONS PERFORMED (inpatient and outpatient)

Rush University Medical Center	19,901
Rush Surgicenter	4,925
Rush Oak Park Hospital	4,888

EMERGENCY ROOM VISITS

Rush University Medical Center	47,170
Rush Oak Park Hospital	4,888

ACADEMIC AFFILIATIONS

Beloit College
Benedictine University
Carthage College
Cornell College
Carleton College
Dominican University
Knox College
Lawrence University
Macalester College
Monmouth College
North Central College
Ripon College
Wheaton College

LICENSES

City of Chicago
Department of Public Health,
State of Illinois

APPROVALS AND ACCREDITATIONS

Accreditation Council on Graduate Medical Education
Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association
Accrediting Commission on Education for Health Services Administration
Association for Assessment and Accreditation of Laboratory Animal Care International
Association for Clinical Pastoral Education
College of American Pathologists
Commission on Accreditation of Allied Health Education Programs: Accreditation Committee on Perfusion Technology
Commission on Accreditation of Dietetic Education

PHILANTHROPIC AND EXTRAMURAL SUPPORT (in millions)

Total philanthropic gifts..... \$25.0

GIFTS RECEIVED BY PURPOSE (in millions)

Facilities	\$4.0
Research	\$7.6
Special programs	\$9.2
Student aid	\$1.6
Unrestricted	\$2.6

GIFTS RECEIVED BY SOURCE (in millions)

Associations and other organizations	\$1.7
Corporations	\$1.7
Foundations	\$5.3
Individuals and families	\$16.3

RESEARCH AWARDS

(millions of dollars)..... \$61.4

RESEARCH AWARDS BY SOURCE (in millions)

National Institutes of Health	\$41.0
Other federal awards	\$4.9
Other public health awards	\$6.7
Private corporations	\$17.0
Other	\$2.2

RUSH UNIVERSITY STUDENT BODY

Rush Medical College	533
College of Nursing	687
College of Health Sciences	342
The Graduate College	139
Unclassified students	31

MEMBERSHIPS

American Association of Colleges of Nursing
American Dietetic Association
American Hospital Association
Association of Academic Health Centers
Association of American Medical Colleges
Association for Health Services Research
Association of Schools of Allied Health Professions
Association of University Programs in Health Administration
Federation of Independent Illinois Colleges and Universities
Illinois Hospital Association
Metropolitan Chicago Healthcare Council
University HealthSystem Consortium

Philanthropy and External Awards

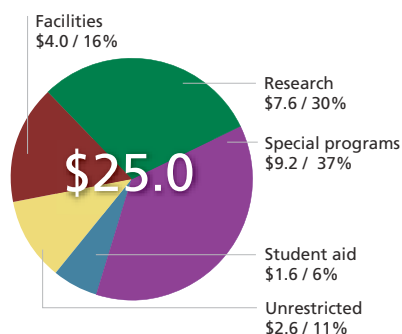
As Rush's patients, friends and supporters saw the first visible signs of its campus transformation in FY2008, the Campaign for Rush University Medical Center continued to gain momentum. Between July 1, 2007, and June 30, 2008, Rush received \$25 million in philanthropic support.

While this philanthropic support is vital to Rush's efforts to transform health care in Chicago, it also helps Rush caregivers, students and researchers maintain their focus on providing the best care available for our patients and community. On behalf of all our patients, Rush thanks the individuals, families, corporations, foundations and other organizations who supported Rush in FY2008.

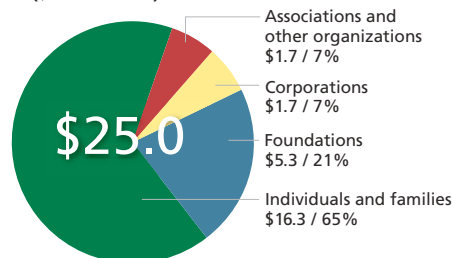
Also in FY2008, Rush's researchers received \$61.4 million in external research awards. Rush's consistent research funding from highly respected sources, including the National Institutes of Health, continues to propel groundbreaking research that will shape the future of medicine at Rush and across the globe.

For more information about giving to Rush, please contact the Office of Philanthropy at (312) 942-6830 or giving@rush.edu.

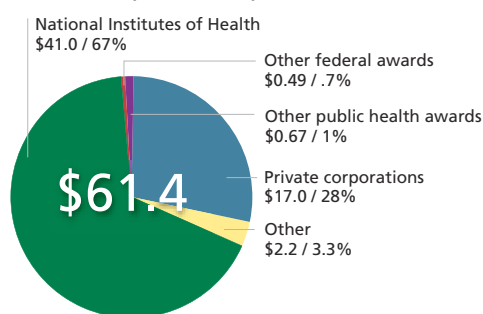
**GIFTS RECEIVED BY PURPOSE
(\$ IN MILLIONS)**



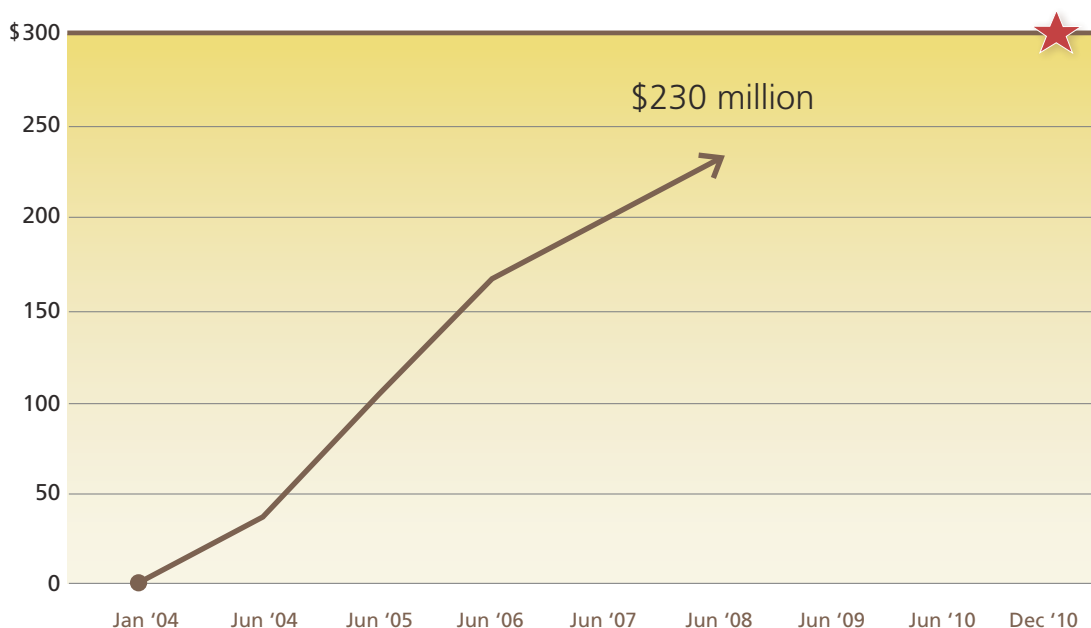
**GIFTS RECEIVED BY SOURCE
(\$ IN MILLIONS)**



**EXTERNAL RESEARCH AWARDS
BY SOURCE (\$ IN MILLIONS)**



CAMPAIGN PROGRESS (Funds raised in millions)



Our deepest gratitude to the following donors who have made gifts of \$100,000 or more to the Campaign for Rush University Medical Center since the campaign began in January 2004. Every effort has been made to maintain accurate records. If your name is listed incorrectly or omitted, we apologize and kindly ask that you call the Office of Philanthropy at (312) 942-6830 and report the error so that we may correct it in the future. Thank you.

21st Century Founders

The following donors have contributed to our campaign with generous gifts or pledges of \$1 million or more. List is as of March 2009.

Individuals and Families

Anonymous (2)
Rose H. Accardi and the Estates of
Mary Accardi Damiano and
Dr. Vincent Accardi
A. Watson Armour III Charitable
Lead Trust
Lolita Sheldon Armour Trust
Edward McC Blair
Mr. and Mrs. John M. Boler
Mr.* and Mrs. Edward A. Brennan
Mr. and Mrs. William Gardner Brown
Rosemarie and Dean Buntrock
The Estate of Bertram Capus, MD
The Carylton Foundation
Consolidated Anti-Aging Foundation
The Crown Family
Estates of Helen H. Diggs and Arthur
E. Diggs, MD
Mr. and Mrs. Marshall Field
Mr. Robert F. Finke
Mr. and Mrs. Donald F. Flynn
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Mr. and Mrs. William M. Goodyear
The Grainger Foundation
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The Lillian K. Hasterlik Family Memorial
Fund for Medical Research
Mr. Jon A. Herb
Mr. and Mrs. Marvin J. Herb
Mr. and Mrs. Thomas S. Herb
Drs. Olga and Anthony Ivankovich
Mr. and Mrs. Richard M. Jaffee
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Mr. and Mrs. Steven Rayman
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Barbara* and John Sapiente
Searle Funds at the Chicago
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Mr.* and Mrs. Charles H. Shaw
The Simpson Family
Sirius Fund - Ginny and Peter
Foreman
Mr. and Mrs. Christopher Byron
Smith
Mr. and Mrs. David Byron Smith
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